



# TAKING CARE of BUSINESS



**Paying for Services:** Don't avoid getting help because of fears about the cost. Learn the basics of health care coverage.

**Legal Issues:** Powers of Attorney, wills, and guardianships—know your options and protect yourself.

**Preventing Abuse and Neglect:** Learn the signs. Know what to do if you suspect that someone you know is being harmed.

**If You Need to Move Out of Your Home:** Learn more about out-of-home residential services and how to find them.



# Paying for Services

When it comes to covering the cost of services and supports outlined in this guide, you can either pay for care yourself (private pay) or through health plans (government or private insurance). In many cases, it will be both.

The following chapter provides an overview of the following types of medical coverage:

- Medicaid
- Medicare
- Medicare Savings Program
- Medigap Coverage
- Military and Veterans Benefits
- Healthcare for Workers with Disabilities

NOTE: Eligibility and income requirements are subject to change, so be sure to contact the appropriate resource listed for each type of

coverage for the most up-to-date information.

**[See page 66 for legal resources if you've been denied services and would like to appeal that decision.]**

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**TIP:** The Statewide Health Insurance Benefits Advisors (SHIBA) HelpLine provides free help to people of all ages with questions about health insurance, health care access, and prescription access: **1-800-562-6900**.

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## Medicaid

Medicaid is a government health insurance program available to people with limited income and resources. Medicaid does not give you money; rather, it sends payments directly to your health care providers.

Medicaid can pay for medical services in your own home or if you live in a



residential care facility that takes Medicaid residents.

It covers most of the services outlined in this guide, and is the only publicly funded health care program that pays for long term care (Medicare does not).

There are three different types of Medicaid coverage, depending on your income and resources:

1. Categorically Needy (CN)
2. Medically Needy (MN)
3. Medically Needy with Spend-down



**NOTE:** Depending on your need for long-term care, the following income guidelines may not necessarily apply.

More liberal income and resource are available to qualify for Medicaid if you meet the standards for needing long-term care services.

As always, contact the appropriate agency (HCS or DDD) to determine your eligibility for Medicaid services.

### **Categorically Needy (CN)**

If you are age 65 or over, blind or have a disability, you may be eligible for Categorically Needy (CN) coverage if your countable income and resource standards are the same or lower than the standards for Supplemental Security Income (SSI).

For 2009, this income standard is \$674 per month for an individual and \$1011 per month for a couple.

The program's resource limits are \$2,000 for an individual and \$3,000 for couples.



## **Medically Needy (MN)**

If your countable income and/or resources are above SSI standards, you may be eligible for the Medically Needy (MN) program. It provides slightly less medical coverage than CN, and greater financial participation by the individuals receiving services.

The Medically Needy (MN) Medicaid program helps pay medical expenses for certain people who are 65 or older and for certain younger people with disabilities. It is sometimes called the "spend-down" program.

## **Medically Needy Spend-down**

Spend-down is the process through which income in excess of the Federal Benefit Rate (FBR) is applied to the cost of your medical care.

For 2009, the FBR is \$674 for an individual and \$1,011 for a couple (plus a small disregard of \$20 per month)

It works sort of like a medical deductible, where you have to incur

medical expenses equal to the excess amount (spend-down) before medical benefits can be authorized.

Example of how spend-down works:

If your countable income is \$20 over the limit, your medical expenses for the month must be at least \$20 in order to make you income-eligible.

The higher your income, the higher your spend-down.

There are some exceptions as to what can be counted as income. If you're unsure, call the Medical Assistance Hotline listed at the end of this section.

The program's resource limits for 2009 are \$2,000 for an individual and \$3,000 for couples.

There is no restriction on how much income you can have when you apply. But the more income you have, the more medical expense you will have to incur before coverage will start.

DSHS rules allow a certain amount of your income to pay for non-medical




expenses such as food and shelter.

And, when it calculates how much of your income to set aside for non-medical expenses, DSHS does not count every dollar of income you receive.

It's important to learn what counts and what doesn't.

For more information about your Medicaid coverage, call the Medical Assistance Helpline:

 **1-800-562-3022**

 **1-800-848-5429 (TTY/TDD)**

### **How to Apply for Medicaid:**

Contact your local Community Services Office (CSO). For the number of the office nearest you, call the Aging and Disabilities Administration Helpline:

 **1-800-422-3263**

### **Estate Recovery**

Under estate recovery law, the State may be allowed to recover money spent on services provided under

Medicaid.

The State may even place a lien on your home if you enter a nursing facility and are not expected to return to your home.

There are more instances where the State may seek to recover money from your estate, and the law is subject to change.

Estate recovery rules can be complicated. Before taking steps you don't understand, you should get individualized legal advice. (See *Legal Issues* for free legal resources.)

## **RESOURCES**



### ***Medicaid and Long-Term Care***

***Services for Adults*** is a free booklet published by the Department of Social and Health Services.

To download a free copy, enter the following address in the toolbar of your web browser:

**[www1.dshs.wa.gov/pdf/Publications/22-619.pdf](http://www1.dshs.wa.gov/pdf/Publications/22-619.pdf)**



## RESOURCES



***Estate Recovery for Medical Services Paid for by the State***, published by Washington Lawhelp answers common questions about estate recovery.

 [www.washingtonlawhelp.org](http://www.washingtonlawhelp.org)

(Click on the link for “Health care assistance” and scroll down to “Estate Recovery for Medical Services Paid for by the State”.)

**For information about Medicaid programs and your rights, visit Washington Lawhelp:**

 [www.washingtonlawhelp.org](http://www.washingtonlawhelp.org)

Washington Lawhelp is provided as a public service by Northwest Justice Project, Washington State’s federally-funded legal aid provider in collaboration with other legal aid providers in the Alliance for Equal Justice and Washington courts.

## Medicare

Medicare is health insurance for people age 65 or older, under age 65 with certain disabilities, and any age with End-Stage Renal Disease.

Generally speaking, Medicare doesn’t pay for long-term care—such as ongoing in-home support, skilled care or facility-based services.

Under certain conditions (such as services related to a recent hospitalization or illness), it will pay for short-term medically necessary skilled nursing facility or home health care.

Medicare has many parts to it. The information on Medicare coverage described in the following pages comes from *Medicare and You 2009*, published by the Centers for Medicaid and Medicare.

For a free copy, call or visit:

 **1-800-MEDICARE**

 **1-877-486-2048 (TTY)**

 [www.medicare.gov](http://www.medicare.gov)



### Medicare Part A (Hospital Insurance)

Medicare Part A helps cover your inpatient care in hospitals and skilled nursing facilities, as well as home health care and hospice if you meet certain conditions.

**How to Enroll:** If you get benefits from Social Security or the Railroad Retirement Board (RRB), you will automatically get Part A starting the first day of the month you turn age 65.

If you are under age 65 and have a disability, you will automatically get Part A after you get disability benefits from Social Security or RRB for 24



months.

Your Medicare card will be mailed to you about 3 months before your 65th birthday, or your 25th month of disability benefits.

People with ALS (Amyotrophic Lateral Sclerosis, or Lou Gehrig's disease) automatically get Part A the month their disability benefits begin.

**Cost:** You usually don't pay a monthly premium for Part A coverage if you or your spouse paid Medicare taxes while working.

### Medicare Part B (Medical Insurance)

Part B helps cover medically necessary services, such as doctors' services and outpatient care.

There's a lot that Part B doesn't cover—such as prescription drugs, dental, vision, foot care, hearing care and hearing aides, and “custodial care” (which is a Medicare term for personal care).

If you aren't sure if you have Part B, look at your Medicare card. If you



have Part B, “MEDICAL (PART B)” is printed on your card.


**Cost:** The monthly premium for Part B is \$96.40 (2009).


However, your monthly premium will be higher if you are single (file an individual tax return) and your yearly income is more than \$85,000, or if you are married (file a joint tax return) and your yearly income is more than \$170,000 (2009).

You also pay a Part B deductible each year before Medicare starts to pay its share. In 2009, the deductible amount is \$135.

Costs for Part B services vary depending on the type of service you get and the type of plan you choose.

**To Apply:** Call the Social Security Administration (SSA):

 **1-800-772-1213**

 **1-800-325-0778 (TTY)**

### **Saving on Your Part B Premium**

There are two ways to save on your Part B premium:

- 1) A few Medicare Advantage Plans may pay all or part of your Part B premium. You still get all Part A and Part B-covered services.
- 2) You can also call your State Medical Assistance (Medicaid) office to see if you can get help paying your Part B premium costs.

### **Medicare Part C (Medicare Advantage Plans)**

Part C (also known as Medicare Advantage Plans) combines Part A, Part B, and sometimes Part D prescription drug coverage.

Medicare Advantage Plans are managed by private insurance companies approved by Medicare.

These plans must cover medically-necessary services. However, plans can charge different co-payments, coinsurance, or deductibles for these services.

Medicare Advantage Plans may offer extra benefits beyond what you would get from Part A and B, such as vision, hearing, dental, and/or health and





wellness programs. Most include Medicare prescription drug coverage (for an extra cost).

**Cost:** You will generally still pay the monthly Part B premium, plus the Medicare Advantage Plan's premium (if they charge one), which includes coverage for Part A and Part B benefits, prescription drug coverage and any other extra benefits.

To learn more about costs:

 **1-800-MEDICARE**

 **1-877-486-2048 (TTY)**

-OR-

 **[www.medicare.gov](http://www.medicare.gov)**

### **Medicare Part D (Prescription Drug Coverage)**

Medicare offers prescription drug coverage for everyone with Medicare through Part D, which is an optional plan with a monthly premium.

To get Medicare drug coverage, you must join a Medicare drug plan run by insurance companies and other private companies approved by Medicare.

Each plan varies in cost and drugs covered.

If you decide not to join a Medicare drug plan when you are first eligible, you may pay a late-enrollment penalty if you choose to join later.

There are two ways to get Medicare prescription drug coverage:

1) Join a Medicare Prescription Drug Plan. These plans (sometimes called “PDPs”) add drug coverage to the Original Medicare Plan, some Medicare Cost Plans, some Medicare Private Fee-for-Service (PFFS) Plans, and Medicare Medical Savings Account (MSA) Plans.

2) Join a Medicare Advantage Plan (Part C) or another Medicare health plan that includes prescription drug coverage.

You get all of your Medicare coverage (Part A and Part B), including prescription drugs (Part D), through these plans. These plans are sometimes called “MA-PD’s.”



Both types of plans are called “Medicare drug plans” in this section.

If you join a Medicare drug plan, you usually pay a separate monthly premium in addition to your Part B premium.

**Cost:** Monthly premium (varies by plan); yearly deductible; co-payments or coinsurance.

### **Medigap (Medicare Supplement Insurance)**

Since Medicare Part A and B pays for many, but not all, health care services and supplies, another option is to consider buying a Medigap policy sold by private insurance companies.

A Medigap policy is private health insurance designed to supplement the Original Medicare Plan (Parts A and B).

This means it helps pay some of the health care costs (“gaps”) that the Original Medicare Plan doesn’t cover, like co payments, coinsurance, and deductibles.



Some Medigap policies cover extra benefits for an extra cost. If you are in the Original Medicare Plan and you buy a Medigap policy, then both plans will pay their share of Medicare-approved amounts for covered health care costs.

Medigap policies only work with the Original Medicare Plan, and they can’t be used to pay your co-payments or deductibles for Medicare Advantage Plans.

They must follow Federal and state laws designed to protect you. Every



Medigap policy must be clearly identified as Medicare Supplement Insurance.

Each standardized Medigap policy must offer the same basic benefits, no matter which insurance company sells it.

Usually the only difference between Medigap policies is the cost.

### **Medicare Savings Programs**

If you need help paying for all or part of your Medicare premiums, and you meet income and resource requirements, you may be able to get help from a Medicare Savings Program.

#### **There are three Medicare Savings Programs available:**

- 1) Qualified Medicare Beneficiary Program (QMB)
- 2) Specified Low-Income Medicare Beneficiary Program (SLMB)
- 3) Qualified Individual(QI-1) Program

**The following income limits are provided as a guideline. People with gross income above these levels—particularly when earnings are involved—may still qualify. Check your eligibility by applying.**

For any of the cost-sharing programs your resources (assets) must be under \$4,000 for an individual and \$6,000 for a couple (2009).

Income limits are different in each program and listed under the program information.

#### **Qualified Medicare Beneficiary (QMB) Program:**

QMB pays your Part B Medicare premium, and the cost, if any, of your Part A premium.

QMB also pays your Medicare co-payments and deductibles.

To be eligible your income must be no more than:

- \$887.00 per month for one person (2009); or



- \$1,187.00 per month for a couple (2009)

**Special Low-Income Medicare Beneficiary (SLMB):**

You must be eligible for or be enrolled in Medicare Part A. Income limits are over 100 percent of the Federal Poverty Level (FPL) but under 120 percent of the FPL.

Under SLMB, DSHS will pay your Medicare Part B premium only.

Monthly income limit:

- \$1,083.00 per month for one person (2009); or
- \$1,457.00 per month for a couple (2009)

**Qualified Individual (QI-1) Program:**

You must be eligible for or enrolled in Medicare Part A and not eligible for

any other Medicaid coverage.

Monthly income limit:

- \$1,218.35 per month for one person (2009); or
- \$1,639.13 per month for a couple (2009)

Additional information on Medicare Savings Programs is available at the Health and Recovery Services Administration website:



[www.dshs.wa.gov/pdf/Publications/22-500.pdf](http://www.dshs.wa.gov/pdf/Publications/22-500.pdf)

**How to apply:**

Contact your local Community Services Office (CSO). For the location of the CSO nearest you, call the Aging and Disability Services Administration Helpline:



**1-800-422-3263**



## Medicare Has You Covered

From *Stay Active and Independent for Life: An Information Guide for Adults 65+*, published by the Washington State Department of Health

Medicare can help you with your goals of staying active and independent. At the time of this publication, Medicare coverage includes:

- **Professional treatment of foot problems and foot care** for diabetes and other medical conditions.
- **Therapeutic footwear and inserts** (orthotics), if prescribed by a doctor.
- **Assistive devices**, covered with a doctor's prescription by Medicare Part B under the Original Medicare Plan.
- **Vision screening and care** by an ophthalmologist or optometrist.
- **Hearing screening and care** by an ear, nose, and throat doctor or licensed audiologist.
- **Bone density tests** every two years to diagnose or monitor osteoporosis.
- **Osteoporosis screening** by a primary care, family practice, or internal medicine physician, or a rheumatologist.
- An **orthopedic surgeon** for muscle, ligament, tendon, bone, joint problems.
- A **rheumatologist** for joint pain in two or more different joints or unexplained muscle pain.
- A **neurologist** for balance problems, for balance problems, dizziness.
- A **physical therapist** for walking problems, muscle or joint problems, and walker and cane training.
- An **occupational therapist** for assistive devices to help with daily activities.



### Veterans Benefits

If you are a veteran or have served in the U.S. military, contact the U.S. Department of Veterans Affairs (VA) for information about veterans' benefits and services available in your area:

 **1-800-827-1000**

 [www.va.gov](http://www.va.gov)

Veterans in Washington State that use Medicaid to pay for long-term care services can get help tracking down benefits. For more information, call the DSHS Veterans Project:

 **1-800-280-0586**

### Military Benefits (TRICARE)

TRICARE is a health care program for active-duty service members, retirees, and their families. The uniformed services determine who is eligible for TRICARE coverage. All people with TRICARE are eligible for TRICARE pharmacy benefits. You may also add Medicare prescription

drug coverage. For more information, contact TRICARE:

 **1-866-773-0404**

 [www.tricare.osd.mil](http://www.tricare.osd.mil)

### Healthcare for Workers with Disabilities (HWD)

Healthcare for Workers with Disabilities is a Categorically Needy medical program that recognizes the employment potential of people with disabilities.

Under this program, people with disabilities (age 16 through 64) can earn more money and purchase healthcare coverage for an amount based on a sliding income scale.

Healthcare for Workers with Disabilities has no asset test and the income limits are based on 220 percent of the Federal Poverty level (FPL).

Effective April 1, 2008 the monthly income limit is:

\$1,908 for one person

\$2,568 for two people



To be eligible, a person must meet federal disability requirements, be employed (including self-employment) full or part time and pay a monthly premium.

**Cost:** Based on a sliding scale, not to exceed 7.5% of your total income.

**To Apply:** Call 1-800-337-1835, choose option 2 for “family or adult medical” and tell the Customer

Service Specialist that you are calling about HWD.

**Note:** If you receive services through Home and Community Services or DDD, contact your case manager for assistance.



# Legal Issues

Note: The following information is not a substitute for legal advice. Specific questions about your situation should be addressed with an attorney.

Regardless of your age or disability, it's important that you have a say in decisions made about your life.

One way to protect your rights is to make sure you have legal documents specifying what you want to happen if you lose the ability to make decisions for yourself.

Without these documents, someone else can seek to represent your interests through guardianship if it can be shown that you are unable to handle your own affairs.

There are alternatives to guardianship that you can take while you're able to make your wishes clear.

These options may be worth pursuing, as long you understand the intent and effect of the document you are signing.

## Financial Decisions

### Power of Attorney

A *power of attorney* gives someone else (known as the *agent* or *attorney-in-fact*) legal authority to act for you (the *principal*) on your behalf.

A Power of Attorney (POW) document defines the powers that the agent is authorized to perform.

This can include management of all or part of your finances, including:

- ⚙ buying and selling
- ⚙ cashing checks
- ⚙ managing a business
- ⚙ investing money
- ⚙ general management of finances

POW's may also include the management of personal affairs, and/or health care decisions (you can





also create a power of attorney for health care only, see section on Health Decisions).

Both you and the person you select as your agent have these powers.

**TIP:**

*Granting someone powers of attorney does not mean that you lose the ability to sign and manage your own affairs. If you can easily make the decision yourself, try to maintain control over how and when a power of attorney is used.*

A power of attorney without a “durable provision” (see following definition) will become ineffective if you become incapacitated due to disability.

It can continue (or even begin) when you become incapacitated if you include a “durable provision.”

A provision for ***durable power of attorney*** includes language indicating that the power will continue in the event of incapacitation or disability.

## FIVE WISHES

**Five Wishes, created by Aging with Dignity, lets your family and doctors know:**

- 1. Which person you want to make health care decisions for you when you can't make them.**
- 2. The kind of medical treatment you want or don't want.**
- 3. How comfortable you want to be.**
- 4. How you want people to treat you.**
- 5. What you want your loved ones to know.**

**For more information about Five Wishes, and to obtain a copy, visit:**

 **[www.agingwithdignity.org](http://www.agingwithdignity.org)**

If the document lacks this kind of language, the power of attorney is not “durable,” and it terminates if you become unable to manage your affairs.

A durable power of attorney may be written to take effect immediately or to take effect only if you become



incapacitated.

The latter type of power of attorney is called a *springing durable power of attorney*.

These powers of attorney should include language describing how incapacity will be determined.

Durable powers of attorney are relatively simple and inexpensive to arrange compared to trusts or guardianships.

NOTE: Allowing someone else to handle your finances has the potential to allow financial exploitation.



Ensure that the person managing your affairs is:


- Trustworthy
- Stable
- Available

It's important to talk to the person you want to appoint and make sure he/she understands what you want and will follow your wishes.

Powers of attorney are not recognized by the Social Security Administration (SSA).

Instead, SSA requires a *representative payee*, who is someone authorized by SSA to receive and manage the government benefits on behalf of a person determined incapacitated by disability.

There is little oversight of the representative payee system. Misuse of funds may go unnoticed or unreported. If this is the case with you or someone you know, contact Adult Protective Services:

 1-866-363-4276



## Trusts

A trust is a legal arrangement through which property or money is held by one person (the *trustee*) to benefit another (the *beneficiary*).

Trusts are flexible tools that can accommodate a variety of goals; however, they are complex, and require careful consideration, drafting, and management.

Trusts might not make practical sense for a person with small assets. Advice of an attorney specializing in trusts is important.

Trusts can affect Medicaid eligibility or have tax consequences. An exception to this is a ***special needs trust***.

Special needs trusts are frequently used to receive an inheritance or personal injury settlement proceeds on behalf of someone with a disability or are founded from the proceeds of compensation for criminal injuries, litigation or insurance settlements.

## Health Care Decisions

### Durable Power of Attorney for Health Care Decisions

A *durable health care power of attorney* can give someone you appoint (your *agent*) the authority to make health care decisions on your behalf if you become unable to make such decisions.

Many durable power of attorney forms DO NOT include authority for health care decisions. Some people choose to have one durable power of attorney for health decisions and a separate durable power of attorney for financial decisions.

If you chose to have a durable power of attorney for health care decisions, make sure the person you name as your agent knows you well enough to make the kind of decisions you would make for yourself.

You can create a document that makes your agent's power as limited or general as you wish. Just like a financial power of attorney, a health



care power of attorney is no longer in effect if you become incapacitated unless you include durable provisions.

### Wills

A will is a legal document that outlines what happens to your property after you die.

It defines who is to get the property and in what amounts. If necessary, a will can also

- name a guardian for any minor children (or pets);
- identify someone else to handle the property left after death on behalf of children or others; and/or,
- identify an "executor" to handle property and affairs from the time of death until an estate is settled.

**Learn more about wills from the Washington Bar Association website:**  
**[www.wsba.org/media/publications/pamphlets/wills.htm](http://www.wsba.org/media/publications/pamphlets/wills.htm)**

### Living Will or Health Care Directive

A living will is a legal document that

defines for health care professionals what type, if any, of medical treatments you want to prolong your life if an accident or undiagnosed life threatening illness occurs and you are unable to communicate your wishes.

A living will only comes into effect when you are near death. The Washington State Department of Health offers a free on-line registry that lets Washington State residents have their end-of-life preferences available online to authorized health care providers.

Visit the Washington State Living Will Registry for more information:



**[www.doh.wa.gov/livingwill](http://www.doh.wa.gov/livingwill)**

### Physician Orders for Life-Sustaining Treatment (POLST) or Do Not Resuscitate (DNR)

A Physician Orders for Life-Sustaining Treatment (POLST) form allows you to document what, if any, medical treatments you want to prolong your life if you are currently terminally ill.



Your doctor has an end-of life discussion with you and translates your wishes into actual physician's orders on the POLST form.

Having a completed POLST form helps make sure your wishes are followed by other medical professionals without delay.

The POLST form must be an original and not a copy. Learn more about POLST from the Washington State Medical Association:

 [www.wsma.org/patients/polst](http://www.wsma.org/patients/polst)

### Guardianship

If you become incapacitated and you have not established a durable power of attorney for financial and health decisions (or the provisions you made will not meet your needs), someone (such as a family member, friend, care facility, or case manager) may petition the court to appoint a legal guardian for you.

Guardianships can be costly and time consuming. They also seriously compromise your personal autonomy.

The court can appoint a guardian for the *person*, the *person's financial estate*, or both. A guardian for the person can be appointed if the court determines you to be at risk of personal harm based on your inability to adequately provide food, health, housing, or physical safety.

A guardian of the estate can be appointed when the court determines that you are at risk of financial harm based on an inability to manage your financial affairs.

Guardianships can be full or limited.

**A full guardianship** covers all decisions allowed by law for someone who is incapacitated.

**A limited guardianship** specifies certain areas where the guardian can make decisions, allowing the individual to make all other decisions for him/herself.



## Legal Resources

### **Coordinated Legal Education, Advice and Referral System (CLEAR, CLEAR\*Sr)**

**CLEAR** provides free legal assistance to low-income people with civil legal problems.

**Clear Sr** is available to persons age 60 and older without regard to income.

Interpreter services are available.

#### **Inside King County:**

 **1-206-464-1519**

#### **Outside King County:**

 **1-888-201-1014**

#### **CLEAR\*Sr (for people over 60)**

 **1-888-387-7111**

 **1-888-201-9737 (TTY)**

 [www.nwjustice.org](http://www.nwjustice.org)

### **Disability Rights Washington**

A nonprofit organization providing legal advocacy services to Washington residents with

disabilities. Services include: Information and referral; Legal representation; Abuse or neglect investigation. Serves all people with disabilities.

 **1-800-562-2702**

 **1-800-905-0209 (TTY)**

Interpreters available in over 200 languages via AT&T Language Line.

 [www.disabilityrightswa.org](http://www.disabilityrightswa.org)

### **Caring Connections**

Caring Connections, a program of the National Hospice and Palliative Care Organization, is a national initiative to improve care at the end of life, supported by a grant from The Robert Wood Johnson Foundation.

Caring Connections provides free resources and information to help people make decisions about end-of-life care and services before a crisis.

 **1-800-658-8898**

### **Cuidando con Cariño:**

 **1-877-658-8896**



Bi-lingual staff are available to assist callers with end-of-life care issues.

### **Dispute Resolution Centers Elder Mediation Program**

The Elder Mediation Program within Dispute Resolution Centers assist elders, their families and caregivers with resolving conflict that may arise around issues of autonomy, housing, health care or end-of-life decisions.

Trained mediators will meet with families throughout the region. No one is turned away due to lack of funds.

 [www.resolutionwa.org](http://www.resolutionwa.org)

### **National Academy of Elder Law Attorneys (NAELA)**

An online directory of attorneys who deal with legal issues affecting seniors and persons with disabilities.

 [www.naela.com](http://www.naela.com)

### **National Association of County Veteran Service Officers (NACVSO)**

NACVSO provides assistance in obtaining veterans' benefits and answers questions regarding rules and regulations concerning veterans.

For veterans and family members.

 [www.nacvso.org](http://www.nacvso.org)

### **Washington LawHelp**

Washington Lawhelp is provided as a public service by Northwest Justice Project, Washington State's federally-funded legal aid provider in collaboration with other legal aid providers in the Alliance for Equal Justice and Washington courts.

Washington Lawhelp provides more details on many of the issues described in this section—including guardianship, powers of attorney to living wills. For more information, visit:

 [www.washingtonlawhelp.org](http://www.washingtonlawhelp.org)



# Preventing Abuse and Neglect

Abuse and neglect is a challenging topic for many people to deal with. But the more it's ignored, the more chance it has to take root in your life or the life of someone you know.

According to the National Center on Elder Abuse, "It has been estimated that roughly two-thirds of those who harm vulnerable adults are family members—most often the victim's adult child or spouse."

For yourself and those you love:

- ✧ Know the signs of abuse
- ✧ Report any suspicion of abuse



The following pages will help you recognize the signs of abuse and how to report incidents of physical, emotional, psychological or financial harm.

## Report Abuse and You May Save a Life

If you suspect abuse or neglect of a vulnerable adult, **call 1-866-ENDHARM. (1-866-363-4276).** Call this one number and you could save a life. A person will answer your call 24 hours a day, seven days a week.

**In an emergency situation, call 911.**





## Recognize Signs of Abuse

### Physical

Slap marks, most pressure marks, unexplained burns or blisters (such as cigarette burns), explanations that don't seem to fit with the pattern of physical injury.

### Sexual

Bruises around the breasts or genital area and unexplained sexually transmitted diseases.

### Mental/Emotional

Withdrawal from normal activities, nervousness around certain people, agitation, unusual behavior (rocking, biting).

### Financial Exploitation

Sudden change in finances and accounts, altered wills and trusts, unusual bank withdrawals, checks written as "loans" or "gifts," and loss of property.

### Neglect

Untreated bedsores, need for medical or dental care, unclean clothing, poor

hygiene, overgrown hair and nails, and unusual weight loss.

### Self Neglect

Refusing medication, alcohol or substance abuse, isolation, unsanitary living conditions (soiled bedding, fleas, feces and urine smell), poor hygiene, malnourished.

### Abandonment

Deserting a vulnerable adult in public, or deserting him/her in their own home.



**If you have concerns that someone you know is being abused, or neglected, trust your instincts.**

**Ask questions.**

**Remember that the victim of abuse may be experiencing other problems and more than one type of abuse.**



## Report Abuse

To report abuse or neglect of a vulnerable adult or a child in Washington State, call the DSHS toll-free EndHarm hotline anytime day or night:

**Toll-free: 1-866-363-4276**

ENDHARM is TTY accessible. When you call, you will speak with a real person, who will connect you to the local number to make your report.



## Protect Yourself from Abuse

- ✦ Stay busy and engaged in life.
- ✦ Don't become isolated, and don't allow anyone else to isolate you by not allowing you to talk to other people outside their presence.
- ✦ Take care of your health—keep your doctor and dental appointments.
- ✦ If an adult relative wants to live with you, think it over carefully, especially if the individual is having personal problems or a history of violent behavior, drug or alcohol abuse.
- ✦ Be clear about what you will and will not tolerate and set boundaries.

- ✦ Trust that little voice inside that tells you when something isn't right.
- ✦ Seek the advice of a trusted friend, attorney, family member or physician before you act on major decisions and/or purchases.
- ✦ Maintain a strong support system of family and friends who are concerned about your well-being.
- ✦ Don't let anyone keep you from the telephone or prevent you from leaving your house.
- ✦ If you're living with someone else, have your own phone and handle your own mail.



## Protect Yourself from Financial Exploitation

### Phone Scams

Do not give your credit card information, social security number or bank account numbers over the phone.

Telephone scam artists try to get your personal information by offering prizes, credit cards and other false benefits.

If it seems too good to be true, it usually is.

### Finances

Be thoroughly familiar with your financial status and know how to handle your assets.

Organize your financial documents in one place for easy and quick reference.

Do not add another person's name to bank or insurance documents without legal advice.

Consider direct deposit for any regular monthly income.

### Hiring Contractors

Get two or more bids for home repair work from reputable contractors.

Make sure they are bonded and licensed.

Be careful about having more work done than is needed. It's okay to say "enough!"

Learn if a contractor is currently registered, and whether action against the contractor's bond is pending or has been taken in the past.

Call the Washington State Department of Labor and Industries Contractor Registration Verification to make sure the contractor or person you are hiring is actively licensed, with a current bond and insurance, and an electrician or plumber is certified (licensed) in Washington:

 **1-800-647-0982**

Make sure you check the references of any contractor you hire. If possible, perform a background check. Rule out



anyone with a history of violence, alcohol or drug abuse.

Keep valuables in a safe place.

### **Legal Issues**

Do not sign any document until you or someone you trust has read it.

Get legal advice for questions regarding power of attorney or durable power of attorney. Make sure

that the person you designate as your power of attorney is someone you know and trust well.

Be wary about deeding or willing your house or other assets to anyone who promises to keep you out of a nursing home or take care of you at home if you become disabled. This is a common scam.



# If You Need to Move...

## Choosing Out-of-Home Options

Although this guide is designed for people living at home, there may come a time to consider out-of-home options.

If you or someone you know is no longer able to continue living at home, there are several types of facilities that provide care in small to large congregate settings known as *residential care*.

It's important to know that if state funds are being used, the facility must be licensed by Washington State and agree to accept payments by Medicaid.



## Adult Family Homes

Adult Family Homes are regular neighborhood homes licensed by the state and run by a family, single person, or business partners.

Some specialize in care for people with mental health conditions, developmental disabilities or dementia. The home can have two to six residents.



A room, meals, laundry, supervision and varying levels of assistance with care are provided. Some provide occasional nursing care.

To explore an AFH as an option, find out what kinds of services and supports are available at each home you are interested in.

For a list of licensed Adult Family Homes in your area, call the Aging and Disability Services Administration Helpline:

 **1-800-422-3263**

**-OR-**

 [www.adsa.dshs.wa.gov](http://www.adsa.dshs.wa.gov)

(click on “Assisted Living Options”)

**-OR-**

Visit Snap for Seniors Locator:

 [www.snapforseniors.com](http://www.snapforseniors.com)

## Boarding Homes

Boarding Homes are facilities in a community setting with seven or more residents.

Housing, meals, laundry, supervision, and varying levels of assistance with care are provided. Some provide nursing care.

Some offer specialized care for people with mental health issues, developmental

disabilities, or dementia.

To explore a boarding home as an option, find out what kinds of services and supports are available at each of the different facilities you are interested in.

### Reputation Matters

✿ Ask a representative of the home to show you the last state inspection report. This will show you if there are any issues you need to be aware of.

✿ Ask for references or contact information of former residents or family members.

✿ Ask for a copy of the disclosure form that spells out the care and services offered. (For Boarding Homes Only.)

✿ Contact the DSHS Field Manager in your area to find out about past complaints. For the number of the Field Manager, call the **Aging and Disability Services Administration Helpline:**



**1-800-422-3263**

Once you get a list of local homes, begin making calls to arrange a visit. It takes time, but it's a necessary part of looking for the right facility and getting a good "feel" for the type of environment you will be living in.

Ask about...

✿ Costs and financing (type of insurance coverage or private pay policies)

✿ Refund policies

✿ Types of services

✿ Flexibility of schedule for receiving personal care

✿ Staff turnover rate

- ✱ Length of time under the current administration
- ✱ Language(s) spoken by most staff

For a list of licensed boarding homes in your area contact the Aging and Disability Services Administration:

 **1-800-422-3263**

 **[www.adsa.dshs.wa.gov](http://www.adsa.dshs.wa.gov)**



(Click on Assisted Living Options)

### Nursing Homes

Skilled nursing facilities (SNF) and nursing facilities (NF) are licensed to care for people who can't be cared for at home or in the community due to complex medical conditions.

Nursing homes provide 24-hour supervised nursing care, personal care, therapy, nutrition management, organized activities, social services, room, board and laundry.

### Compare Nursing Homes in Washington State

Concerned about a nursing home's performance? The U.S. Dept of Health and Human Services offers great online information about the past performance of every Medicare and Medicaid certified nursing home in the country.

Visit: **[www.medicare.gov](http://www.medicare.gov)** and click on "Compare Home Health Agencies in Your Area."



### Short-term Nursing Home Stays

Entering a nursing home doesn't mean you need to stay forever.



You can receive care in a nursing home for rehabilitation or for short-term, intensive nursing care.

If you need short-term nursing home care, plan ahead for the types of services and support you may need after leaving the facility to return home or to another residential care setting.

Call Senior Information and Assistance for help figuring out your options. For the number in your area, see page 105-107 in the Government Directory, or visit:

 **[www.adsa.dshs.wa.gov](http://www.adsa.dshs.wa.gov)**

(Click on Find Local Services)

To locate a licensed Nursing Home in your area, call the Aging and Disability Services Administration Helpline:

 **1-800-422-3263**

Or visit the Aging and Disability Services Administration website:

 **[www.adsa.dshs.wa.gov](http://www.adsa.dshs.wa.gov)**

(Click on Assisted Living Options)

### **Continuing Care Retirement Communities (CCRC's)**

A Continuing Care Retirement Community (CCRC) is a residential community for adults that offers a range of housing options (independent living through nursing home care) and varying levels of medical and personal care services.

A CCRC is designed to meet a resident's needs in a familiar setting as he/she grows older.

They are not licensed by the State of Washington.

They may require buy-in, or an up-front annuity purchase followed by monthly

### *Stay Right Where You Are*

payments covering services, amenities and needed medical. The buy-in may be refundable in part, or not at all.

In the same community, there may be individual homes or apartments for residents who still live on their own, an assisted living facility for people who need some help with daily care, and a nursing home for those who require higher levels of care.

Residents move from one level of care to another based on their needs but still stay in the CCRC.

If you are considering a CCRC, be sure to check the record of its nursing home. Your CCRC contract usually requires you to use the CCRC nursing home if you need this level of care.

Many of the questions that you might want to ask about these communities are the same as those to consider when choosing a nursing home.

CCRC's generally charge a large payment before you move in (called an entry fee) and then charge monthly fees.

You can find out if a CCRC is accredited and get advice on selecting this type of long-term care community from the Commission on Accreditation of Rehabilitation Facilities:

 [www.carf.org](http://www.carf.org)

Washington State does not license retirement communities. To find local retirement communities in the area, contact your local Senior Information and



Assistance. For the number in your area, see page 105-107 in the Government Directory, or visit:



**[www.adsa.dshs.wa.gov](http://www.adsa.dshs.wa.gov)**

(Click on Find Local Services)